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CONFIRMATION NO. 6134

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/565,100		424	1618	056291-5230

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** CONTINUING DATA *****

This application is a 371 of PCT/GB04/03241 07/27/2004

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 0317663.3 07/29/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/14/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and	/PAUL W DICKINSON/ _____ Acknowledged Examiner's Signature	Initials	UNITED KINGDOM	5	19	1

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TITLE

Pharmaceutical composition

FILING FEE RECEIVED 1590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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